

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029348

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7439

STATE FILE NUMBER

FILED AUG 6 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN  
ST LOUIS MO

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE  
MO

b. COUNTY

c. CITY  
OR  
TOWN  
ST LOUISInside Limits  
Yes ☐ No ☐c. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
ST LUKES HOSPITALInside Limits  
Yes ☐ No ☐d. STREET  
ADDRESS  
2037 A.E. ADELAIDEReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First  
HELENMiddle  
SLast  
ZARZECKI4. DATE  
OF  
DEATH

Month

Day

Year

JULY 26/62

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2/14/14

## 9. AGE (last birthday)

48

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerical

## 10b. KIND OF BUSINESS OR INDUSTRY

Famous Barr

## 11. BIRTHPLACE (City and state or country)

ST LOUIS MO

## 12. CITIZEN OF WHAT COUNTRY

YES

## 13a. FATHER'S NAME

JOSEPH

MAZUREK

## 13b. MOTHER'S MAIDEN NAME

MARY NOWAK

## 14. NAME OF HUSBAND OR WIFE

EDWARD ZARZECKI

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

EDWARD ZARZECKI 2037a, ADELAIDE

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinomatosis -

INTERVAL BETWEEN  
ONSET AND DEATH

1 month

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Cancer of the Colon

5 mos.

## DUE TO (c)

153.8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

Feb - 62

to

July 62

and last saw her

alive on

7/20/62

Death occurred at

7/20/62

at 11:50 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Allen P. Klippel M.D.

## 22b. ADDRESS

110 So. Central - 5

## 22c. DATE SIGNED

7/28/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

## 23b. DATE

7/30/62

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St Louis Mo

## (State)

JOHN STYGAR &amp; SON - 5541 RIVERVIEW BLVD.

## 25. DATE REC'D. BY LOCAL REG.

JUL 30 1962

## 26. REGISTRAR'S SIGNATURE

Alan Smith M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

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81-0

81

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*W. R. Rist*

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.